



State of California Secretary of State

IMMIGRATION CONSULTANT DISCLOSURE STATEMENT

A copy of a valid and current form of photo identification must accompany this form.
See reverse for acceptable identification.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

1. NAME OF IMMIGRATION CONSULTANT		2. DATE OF BIRTH (MM/DD/YYYY)
3. RESIDENCE ADDRESS		
4. RESIDENCE PHONE NUMBER (INCLUDING AREA CODE)		
5. BUSINESS ADDRESS		
6. BUSINESS PHONE NUMBER (INCLUDING AREA CODE)		
7. NAME OF AGENT FOR SERVICE OF PROCESS (if any)		
<input type="checkbox"/> CHECK HERE IF THE AGENT IS AN INDIVIDUAL RESIDING IN CALIFORNIA AND PROVIDE THE CALIFORNIA ADDRESS		
<input type="checkbox"/> CHECK HERE IF THE AGENT IS A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505 OF THE CALIFORNIA CORPORATIONS CODE. (DO NOT PROVIDE AN ADDRESS)		
8. IF CONSULTANT IS EMPLOYED BY A CORPORATION OR PARTNERSHIP, LIST NAME AND ADDRESS OF CORPORATION OR PARTNERSHIP		
9. CORPORATION OR PARTNERSHIP PHONE NUMBER		
10. NAME OF AGENT FOR SERVICE OF PROCESS OF CORPORATION OR PARTNERSHIP		
<input type="checkbox"/> CHECK HERE IF THE AGENT IS AN INDIVIDUAL RESIDING IN CALIFORNIA AND PROVIDE THE CALIFORNIA ADDRESS.		
<input type="checkbox"/> CHECK HERE IF THE AGENT IS A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505 OF THE CALIFORNIA CORPORATIONS CODE. (DO NOT PROVIDE AN ADDRESS)		
11. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF PART 3, DIVISION 8, CHAPTER 19.5 OF THE BUSINESS AND PROFESSIONS CODE OR OF BUSINESS AND PROFESSIONS CODE SECTION 6126? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. I DECLARE THAT THIS DISCLOSURE STATEMENT IS TRUE, CORRECT AND COMPLETE		
SIGNATURE		DATE
TYPE OR PRINT NAME		

INSTRUCTIONS FOR COMPLETING THE IMMIGRATION CONSULTANT DISCLOSURE STATEMENT

DO NOT ALTER THIS FORM

Type or legibly print in black ink.

Each immigration consultant **must** file an immigration consultant disclosure statement with the Secretary of State. ([Business and Professions Code Section 22443.1](#)) There is no fee to file the Disclosure Statement.

An immigration consultant shall notify the Secretary of State's office in writing within 30 days when the surety bond is renewed, and of any change of name, address, telephone number, or agent for service of process.

1. Enter the name of the immigration consultant.
2. Enter the month, day and year of the immigration consultant's birth.
3. Enter the residence address of immigration consultant.
4. Enter the residence telephone number including the area code.
5. Enter the business address of the immigration consultant.
6. Enter the business telephone number including the area code.
7. Enter the name of the agent for service of process in California if one is required to be or has been appointed. The agent for service of process must be an individual residing in California or a corporation which has filed a certificate pursuant to [Section 1505 of the California Corporations Code](#). Check the appropriate provision. If an individual is designated as the agent for service of process, enter the address located in California. DO NOT enter an address if a corporation is designated as the agent for service of process.
8. Enter the name, business address and business telephone number of the corporation or partnership employing the immigration consultant, if any.
9. Enter the telephone number of the corporation or partnership including the area code.
10. Enter the name of the agent for service of process in California for the corporation or partnership employing the immigration consultant if number 8 is completed. Check the appropriate provision. If an individual is designated as the agent for service of process for the corporation or partnership employing the immigration consultant enter the address located in California. DO NOT enter an address if a corporation is designated as the agent for service of process.
11. Check "yes" or "no" indicating whether you have ever been convicted of a violation of [Part 3, Division 8, Chapter 19.5 of the Business and Professions Code](#) (relating to immigration consultants) or of [Business and Professions Code section 6126](#) (relating to the unauthorized practice or attempted practice of law without a license).
12. Sign, date and print or type name. The application must be signed with an original signature.

Acceptable Identification

A copy of valid and current photo identification must be attached to this form. Acceptable forms of identification are: 1) an identification card or driver's license issued by the California Department of Motor Vehicles; 2) a passport issued by the Department of State of the United States; 3) an identification card issued by a state other than California; 4) a driver's license issued by a state other than California; or 5) an identification card issued by any branch of the armed forces of the United States.

Send the completed document to: California Secretary of State, Special Filings Unit, P.O. Box 942877, Sacramento, CA 94277-0001. For further information contact the Special Filings Unit at (916) 653-3984.